U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - [13383]	2. Fiscal Year Covered From:			
·	1 / 1 / 2005 Through: 12 / 31 / 2005			
Name and address of person filing.	Name, file number, and address of labor organization.			
Name EDWARD IN THOMAS	Name BCTGM LU19			
	Labor Organization File Number 022-303			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
street 9665 Rockside Ro	Street 9665 Rocksine Ro			
City VAlley View	City UAllaguien			
State Oh. D ZIP Code + 4 44, 2.	State Oh, O ZIP Code + 4 4 14105			
5. Position in labor organization.	Eil			
	er spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  h, or derived income or other economic benefit of stration represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	None			
P.O. Box, Bldg. Room No., if any	7.b. Arnount.			
Street				
City	80			
State ZIP Code + 4				
State ZIP Code + 4				

Date

Telephone Number

Name of Person Filing EDWAND AL THOM	Z-A1	File Number U- 12383				
3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, If any).  Name Your Bean (canters, Truc  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3821 Prospect Alle  City Cleve (Ann)  State Ohio ZIP Code + 4 44115	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali					
Name Clave. Bakers Loca Lig CEr Find  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	Wife is A 14% Shareholder OF Your Berns Counters, INC.					
Street 9665 Rockside Ros						
City [JAVISTALL CAN	11.b. Approximate dollar valu					
State Chib ZIP Code: +4 44125	12.a. Nature of interest held  Wife Does  Account Di	s Not work on our sirectly or Indirectly				
	12.b. Amount					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		lone				
Street		1				
City		İ				
State ZIP Code + 4	l į	Ì				

Name of Person Filling EDWARD NI THOM	MS	File Number U- 12383	
B. Held an interest in or derived income or economic benefit with monetary was substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines ively seeking to represent, or directly to, or otherwise	s ·	
8. Name and address of Business (including trade name, if any).  Name Your Prans Country Trule.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 3821 Praspect AVI	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
City Cleveland  State Ch. o ZIP Code + 4 44115			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.	
Name CLEVELAND BAKERS 15-AC 19	Wife is A 14% Shareholder OF		
Trade Name, if any:	Your Bean	Counters, INC.	
P.O. Box, Bidg., Room No., if any			
Street 9605 Rackside Ro	11.b. Approximate dollar value	se of such dealing	
City Walley Wiew	12.a. Nature of interest hel		
State ZIP Code: + 4 441 3 5	Wife Does	s Not work on our	
	P 1	rectly or Fubirectly.	
		·	
	12.b. Amount	10	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	1	one	
Street	,		
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	*0	

Name of Person Filing EDWARD N. Thom	A S	File Number U- /2383		
3. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busine tively seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).  Name Cleve Bakers & Teamsters Perison For  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Plats Pockside Ro  City Maley Jew  State Oh. O ZIP Code + 4 446125	9. Business deals with:  a. Labor Organiz  b. Trust  c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Rakers   pcake 19  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 9655 Rackside 125  City [JAlleyrian]  State Ohio Zip Code: +4 449135	11.a. Nature of such dealing.  Participation AS UNION Trustee  AS Amenter of Bakers Local 19  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  All Payment's / Renumeration Relate to the DOUS Cleve. Bakers & Teamsters Paysing  Functions on Soins Operations			
	12.b. Amount.	3,493.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	Nore		
13.5. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ o		

Name of Person Filling EDWARD AS Thou	~~	File Number U-	12383			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name Cleve Restars Free Italy  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Glos Rocksile Rocksile  City UMayu, and  State Chilo ZIP Code + 4 14125	9. Business deals with:	an				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name SAKCOS (SCAC) 5  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealin  Participation  AS A Member	127	DNION Truster BAKERS LECARIS			
Street 9lds Rockside 185	11.b. Approximate dollar value	of such dealing.	80			
city VAlleyer en	12.a. Nature of interest held					
State Ch.O ZIP Code + 4 4 4413 5	All payment To the 2005 Teamsters h Operations.	· Cleves	neration Relate BAKERS !  D Daygoing			
	12.b. Amount		1 1,833.00			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
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P.O. Box, Bldg., Room No., if any Street	<b>/</b>	Mone				
City						
State ZIP Code + 4			j			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	- 19 19 19 19 19 19 19 19 19 19 19 19 19	AO			